

Kentucky Board of Speech-Language Pathology and Audiology

P.O. Box 1360

Frankfort, Kentucky 40602

APPLICATION FOR EXTENSION OF INTERIM LICENSE

FOR BOARD USE ONLY

Date: _____ Brd Mbr. Initials: _____

Approved _____ Denied _____

Audiology

Speech-Language Pathology

Speech-Language Pathology Assistant

Please type or print:

1. Name:		License Number:
2. Address:		
3. Work Number:	4. Home Number:	
5. Expiration Date of License:		
Reason for request for an extension of interim license and the amount of time needed to complete the postgraduate professional experience: (Provide any documentation that supports your request)		
7. Have you ever had an extension of your interim license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. If your answer to question 7 is yes, how many times?		
9. If your answer to question 7 is yes, list date(s):		
10. Is your supervisor aware of the circumstances for your request for an extension? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Has your supervisor agreed to continue supervision if you application for an extension is approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		

In affixing my signature to this application, I hereby swear or affirm that all statements and information provided herein are true and correct to the best of my knowledge, information and belief. Any untrue statement knowingly made by me on this application shall constitute grounds for such disciplinary action as the Board may determine appropriate.

SIGNATURE OF INTERIM LICENSEE _____ DATE _____

I hereby do agree to provide supervision as required by KRS 334A for the above applicant in his/her capacity as speech-language pathologist or speech-language pathologist assistant. I acknowledge that the failure to utilize this person appropriately and to supervise in accordance with KRS 334A of the Kentucky Revised Statutes and the administrative regulations promulgated thereunder, shall be considered as aiding and abetting an unlicensed person to practice speech-language pathology as described by KRS Chapter 334A. Furthermore, I certify that my credentials are current.

SIGNATURE OF SUPERVISOR _____ DATE _____